



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: <b>CHRIS KOTTSICK</b>	
		PHONE (A/C, No, Ext): <b>(701)390-1994</b>	FAX (A/C, No): <b>(701)390-1196</b>
		E-MAIL ADDRESS: <b>CHRIS@SUMMITINSURANCE.NET</b>	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: <b>Ohio Security Insurance Company</b>	NAIC # <b>24082</b>
INSURED		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
COVERAGES		CERTIFICATE NUMBER: <b>00000330-240930153626</b>	REVISION NUMBER: <b>2</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
<b>A</b>	COMMERCIAL GENERAL LIABILITY				<b>BKS65299485</b>	9/28/2024	9/28/2025	EACH OCCURRENCE	\$ <b>1,000,000</b>	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300,000</b>	
								MED EXP (Any one person)	\$ <b>15,000</b>	
								PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	
								GENERAL AGGREGATE	\$ <b>2,000,000</b>	
								PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>	
GEN'L AGGREGATE LIMIT APPLIES PER:										
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC										
OTHER:										
AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO								BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY		<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS ONLY		<input type="checkbox"/>	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB		<input type="checkbox"/>	OCCUR						\$	
EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE							
DED <input type="checkbox"/> RETENTION \$								EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y / N	N / A					PER STATUTE	OTHE-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>						E.L. EACH ACCIDENT	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$	
								E.L. DISEASE - POLICY LIMIT	\$	
<b>A</b>	<b>BUILDING</b>				<b>BKS65299485</b>	<b>9/28/2024</b>	<b>9/28/2025</b>	<b>BLANKET</b>	<b>34,897,140</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Parkside @ 8 2nd St NE, Watertown, SD \$7,402,550  
 Generations @ 26 1st Ave SW, Watertown, SD \$14,126,590  
 Ruins @ 315 Temp Ave, Watertown, SD \$13,368,000

## CERTIFICATE HOLDER

## CANCELLATION

Red River State Bank 300 2nd Ave W Halstad, MN 56548	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>chris kottscick</i> (CJK)